

PROJECT 10073 RECORD

1. DATE - TIME GROUP JAN 26/81	2. LOCATION Bridge View, Texas	1
3. SOURCE Civilian	10. CONCLUSION Insufficient Data For Evaluation	<p>Because the observer did not seem to be interested enough in the sighting to call it to the attention of his parents and because he quickly went back to sleep while watching the object, the sighting is being evaluated as insuf data.</p> <p>The observer stated that he sighted a self-luminous, orange object near a transformer station that is located just south of his home. After watching the object for 10 to 12 minutes the observer became tired and went back to sleep.</p>
4. NUMBER OF OBJECTS 1	11. BRIEF SUMMARY AND ANALYSIS	
5. LENGTH OF OBSERVATION 10 to 12 min		
6. TYPE OF OBSERVATION Ground visual		
7. COURSE see summary		
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<p>Director Aerospace Studies Inc AFIN: Archives Branch Maxwell AFB, Alabama</p> <p>RETURN TO Perkins</p> <p>26-31 JAN 1981</p>
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

There was another sighting similiary to the object I saw. It was seen by about 4 people who did not report it.

I would also like to say that the object I saw seem to glow ~~in~~ and did not hardly light up ~~the~~ ^{the} area.

After I viewed the U.F.O. for about 12 min.

I ~~became~~ became very tired fell to sleep.

I know that it was no comet, meteor, planet, or star because I'm an amateur astronomer and can tell the differents between such thing

I do not know ~~this~~ if this next statement has any thing to do with the sighting of the U.F.O. But after the sighting and after wrote my letter ~~to~~ to N.A.S.A. I had the filling that I was being watch. This may sound funny to but I'm really ~~scared~~ scared. I ~~had~~ haven't told anybody this because they might think I'm crazy. But I thought I had better tell you because it might have something to do with the sighting.

26
SAF-OICC/Miss Turnure/76526/August 9, 1968

AUG 9 1968

Dear [REDACTED]

Your letter of July 30, 1968, to the National Aeronautics and Space Administration (NASA) concerning your sighting of an unidentified flying object or UFO has been referred to this office.

Without additional information, we cannot offer an explanation of your sighting. However, if you will complete the attached questionnaire and mail it in the inclosed envelope, our technical people at Wright-Patterson Air Force Base, Ohio, will be able to investigate further and make an evaluation.

Should you ever sight another UFO, please report it as soon as possible to the nearest Air Force base. Each base in the United States has a UFO investigator, who is in a better position to make an on-the-spot investigation, which usually results in a more accurate analysis.

In the meantime, you might be able to identify the sighting yourself by looking at the categories of objects often reported as UFO's in the Project Blue Book report we are inclosing.

Sincerely,

JAMES H. AIKMAN
Major, USAF
Chief, Civil Branch
Community Relations Division
Office of Information

Attachment

[REDACTED]
77611

SAF-OICC

Shelly
11

✓ Coord Cy - SAF-OICC
Cmbk Cy - SAF-OIC
Activity Cy - SAF-OIC
Reader Cy - SAF-OI
Stayback

U.S. 6



77611

July 30, 1968

NASA

1875 Connecticut Avenue

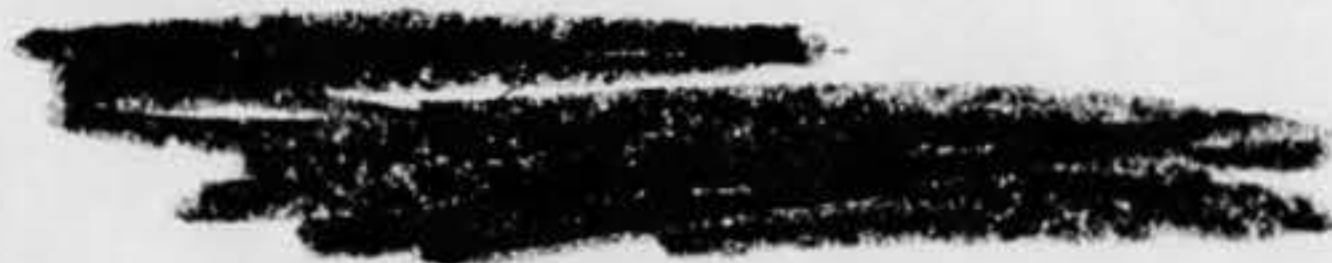
Washington, D.C.

Dear Sirs:

I would like to report the sighting of a U.F.O. on the Morning of July the 26. It is similar to a sighting made by another group of people in Orange, Texas that we know and I don't no if I should use there names in this report. The object they saw was similar to the one I saw. The object was orange and round in shape. The one I saw was above a transformer ~~station~~ about 250 yards from our house. I viewed it for about 12 minutes.

I would be pleased if you would forward this letter to the right branch of the Air Force that deals with such sightings.

respectfully yours



PROJECT 10073 RECORD

1. DATE - TIME GROUP 31 July 68 01/2150 01/0250Z	2. LOCATION Bridge City, Texas
3. SOURCE Civilian	10. CONCLUSION Probable SATELLITE
4. NUMBER OF OBJECTS One	The description is consistent with observations of a satellite.
5. LENGTH OF OBSERVATION 2 Minutes	11. BRIEF SUMMARY AND ANALYSIS The observer sighted a light that was brighter than any of the stars and was moving.
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE SSE	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-R258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 31 MONTH July YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 9 MINUTES 50 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 9 MINUTES 52 ☐ A.M. ☒ P.M.

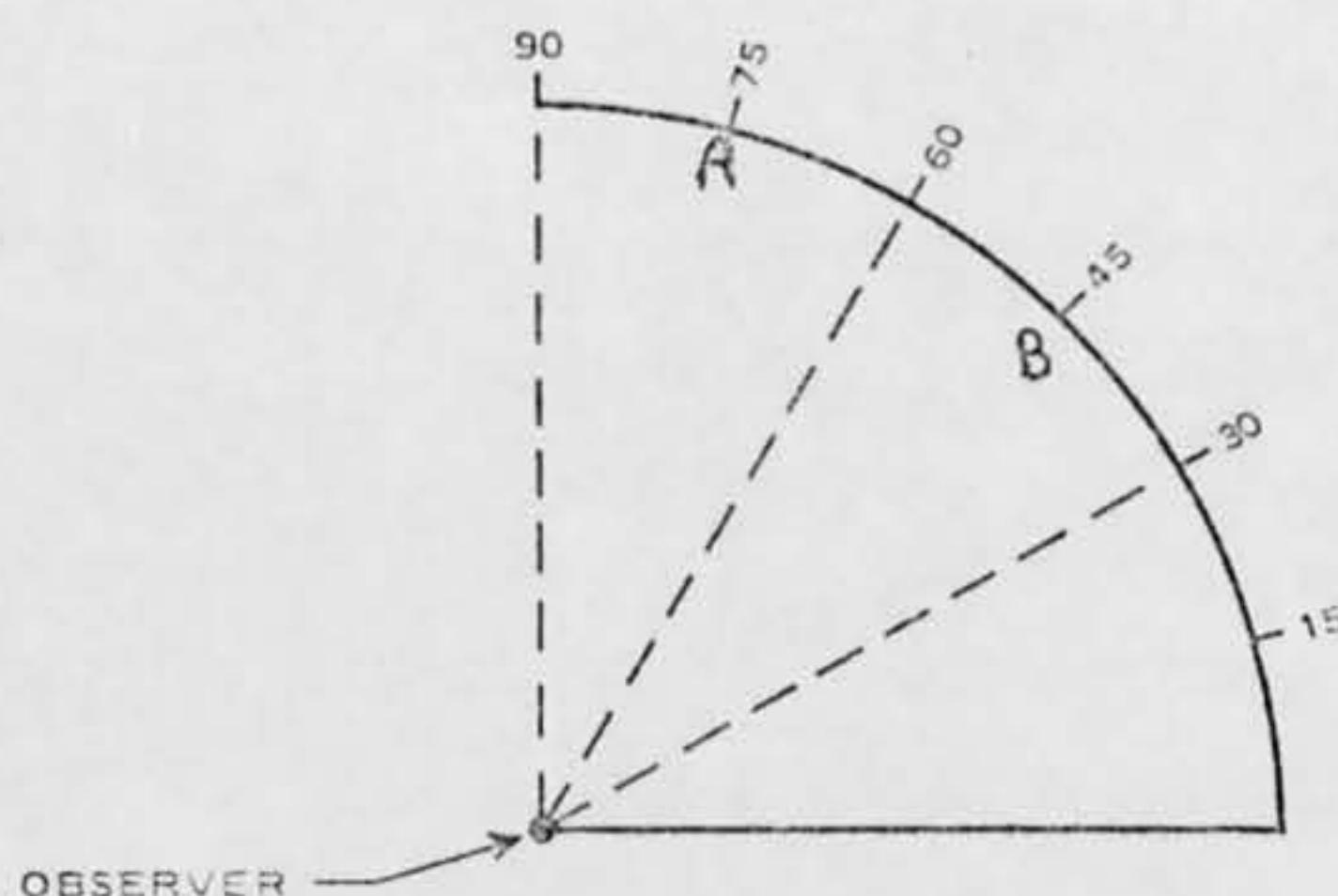
4. TIME/ZONE

☒ DAYLIGHT SAVINGS☐ STANDARD☐ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

I don't know the name of the street.

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



Form 117 ret. 22 Nov 68

8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
<input checked="" type="checkbox"/>	OUTDOORS		IN BUSINESS SECTION OF CITY
	IN BUILDING		IN RESIDENTIAL SECTION OF CITY
	IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER	<input checked="" type="checkbox"/>	IN OPEN COUNTRYSIDE
	IN BOAT		NEAR AIRFIELD
	IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER		FLYING OVER CITY
	OTHER		FLYING OVER OPEN COUNTRY
			OTHER
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
NORTH	EAST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <div style="text-align: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>	
SOUTH	WEST		
NORTHEAST	SOUTHEAST		
NORTHWEST	SOUTHWEST		
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.			
HOW MUCH OTHER TRAFFIC WAS THERE?			
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME		CERTAIN OF TIME	NOT VERY SURE
about 2 min.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
FAIRLY CERTAIN		JUST A GUESS	
HOW WAS TIME DETERMINED? By my father's watch			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. <div style="text-align: center; margin-top: 10px;"> Due to my movement </div>			

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER	
<input type="checkbox"/> DAY		<input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)	<input type="checkbox"/> FOG OR MIST
<input type="checkbox"/> TWILIGHT		<input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone)	<input type="checkbox"/> HEAVY RAIN
<input checked="" type="checkbox"/> NIGHT		<input type="checkbox"/> NIMBUS CLOUDS (Rain)	<input type="checkbox"/> LIGHT RAIN OR DRIZZLE
<input checked="" type="checkbox"/> CLEAR		<input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)	<input type="checkbox"/> HAIL
<input type="checkbox"/> PARTLY CLOUDY			<input type="checkbox"/> SNOW OR SLEET
<input type="checkbox"/> COMPLETELY OVERCAST			<input type="checkbox"/> UNKNOWN
		<input type="checkbox"/> HAZE OR SMOG	<input type="checkbox"/> NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS		(2) MOON	
<input type="checkbox"/> NONE		<input checked="" type="checkbox"/> BRIGHT MOONLIGHT	<input type="checkbox"/> NO MOONLIGHT
<input type="checkbox"/> A FEW		<input type="checkbox"/> MOON WITH HALO	<input type="checkbox"/> UNKNOWN
<input checked="" type="checkbox"/> MANY		<input type="checkbox"/> MOON HIDDEN BY CLOUDS	
<input type="checkbox"/> UNKNOWN		<input type="checkbox"/> PARTIAL (New or quarter)	

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

<input type="checkbox"/> IN FRONT OF YOU	<input type="checkbox"/> TO YOUR RIGHT	<input type="checkbox"/> OVERHEAD (Near noon)
<input type="checkbox"/> IN BACK OF YOU	<input type="checkbox"/> TO YOUR LEFT	<input type="checkbox"/> UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

The Moon

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

It appeared to give off light

13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?	✓		
	STAND STILL AT ANYTIME?			✓
	SUDDENLY SPEED UP AND RUN AWAY?			✓
	BREAK UP IN PARTS AND EXPLODE?			✓
	CHANGE COLOUR?			
	GIVE OFF SMOKE?			
	CHANGE BRIGHTNESS?			
	CHANGE SHAPE?			
	FLASH OR FLICKER?		✓	
	DISAPPEAR AND REAPPEAR?		✓	
	SPIN LIKE A TOP?		✓	
	MAKE A NOISE?			✓
	FLUTTER OR WOBBLE?		✓	
14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON? It was brighter than any of the stars and was moving.				
A. HOW DID IT FINALLY DISAPPEAR? I went in a house and when I came out, it was gone.				
B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.				

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

ALL AT IT

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.	
EYEGASSES	CAMERA VIEWER
SUNGLASSES	BINOCULARS
WINDSHIELD	TELESCOPE
SIDE WINDOW OF VEHICLE	THEODOLITE
WINDOWPANE	OTHER
A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO	B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO
18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>200-500 mph</u>	19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>5000 ft</u>
20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.	
<p style="font-size: 1.2em; margin-top: 0;">It look almost exactly like Venus.</p>	
21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.	
A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.	

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-R253

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY July 26, 1968 MONTH July YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 1 MINUTES 25 ☒ A.M. ☐ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 1 MINUTES 37 ☒ A.M. ☐ P.M.

4. TIME/ZONE

☒ DAYLIGHT SAVINGS

☐ STANDARD

☐ EASTERN

☒ CENTRAL

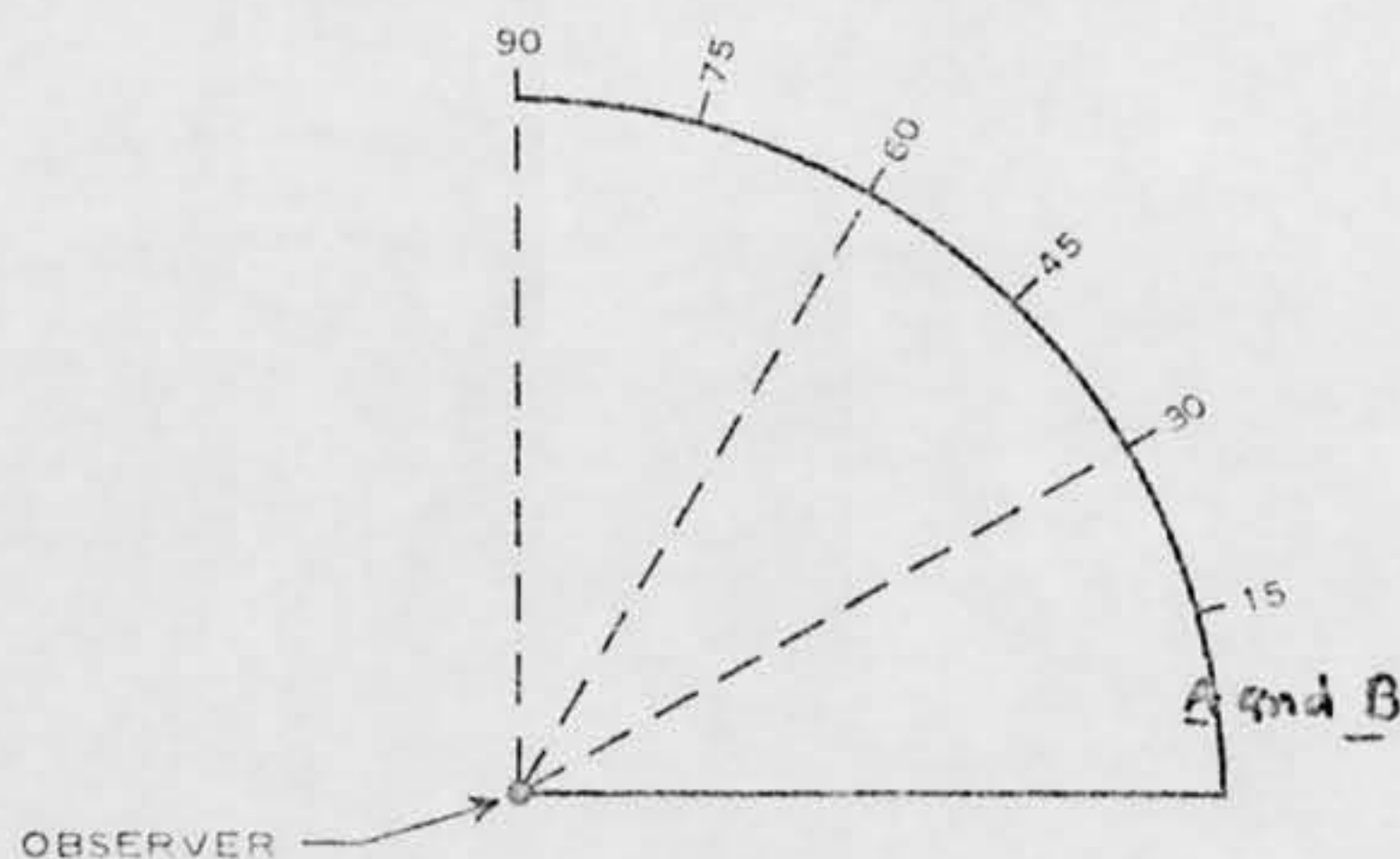
☐ MOUNTAIN

☐ PACIFIC

☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☐ YES ☒ NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?
☒ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

[REDACTED]
 [REDACTED]
 Bridge City, Texas

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

NAME [REDACTED] MIDDLE NAME [REDACTED]

ADDRESS (Street, City, State and Zip Code) [REDACTED] City, Texas 77611

TELEPHONE (Area Code) [REDACTED] AGE 14 ☒ MALE ☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

I am an amateur astronomer.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME US Air Force DAY MONTH August YEAR 1968

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 13 MONTH Oct. YEAR 1968

27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE, ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

At the speed the UFO was traveling I was almost sure that it would still be in sight when I came out of the house I was working with my father.

31 Jul 68

SAF-OICC/Miss Turnure/76526/August 20, 1968

AUG 20 1968

Dear [REDACTED]

Thank you for reporting your sighting of an unidentified flying object (UFO) to the Air Force.

Without additional information, however, we cannot offer an explanation of what you observed. But if you will complete the attached questionnaire and mail it in the inclosed envelope, our technical people at Wright-Patterson Air Force Base, Ohio, will be able to investigate further and make an evaluation.

Should you ever sight another UFO, please report it as soon as possible to the nearest Air Force base. Each base in the United States has a UFO investigator, who is in a better position to make an on-the-spot investigation, which usually results in a more accurate analysis.

In the meantime, you might be able to identify the sighting by looking at the categories of objects often reported as UFO's in the material we are inclosing.

Sincerely,

JAMES H. AIKMAN
Major, USAF
Chief, Civil Branch
Community Relations Division
Office of Information

Attachments

[REDACTED]
Bridge City, Texas 77611

SAF-OICC

Shelly

✓ Coord Cy - SAF-OICC
Cmbk Cy --- SAF-OIC
Activity Cy - SAF-OIC
Reader Cy - SAF-OI
Stayback
WPAFB

~~_____~~
~~_____~~
Bridge City, Texas 77611

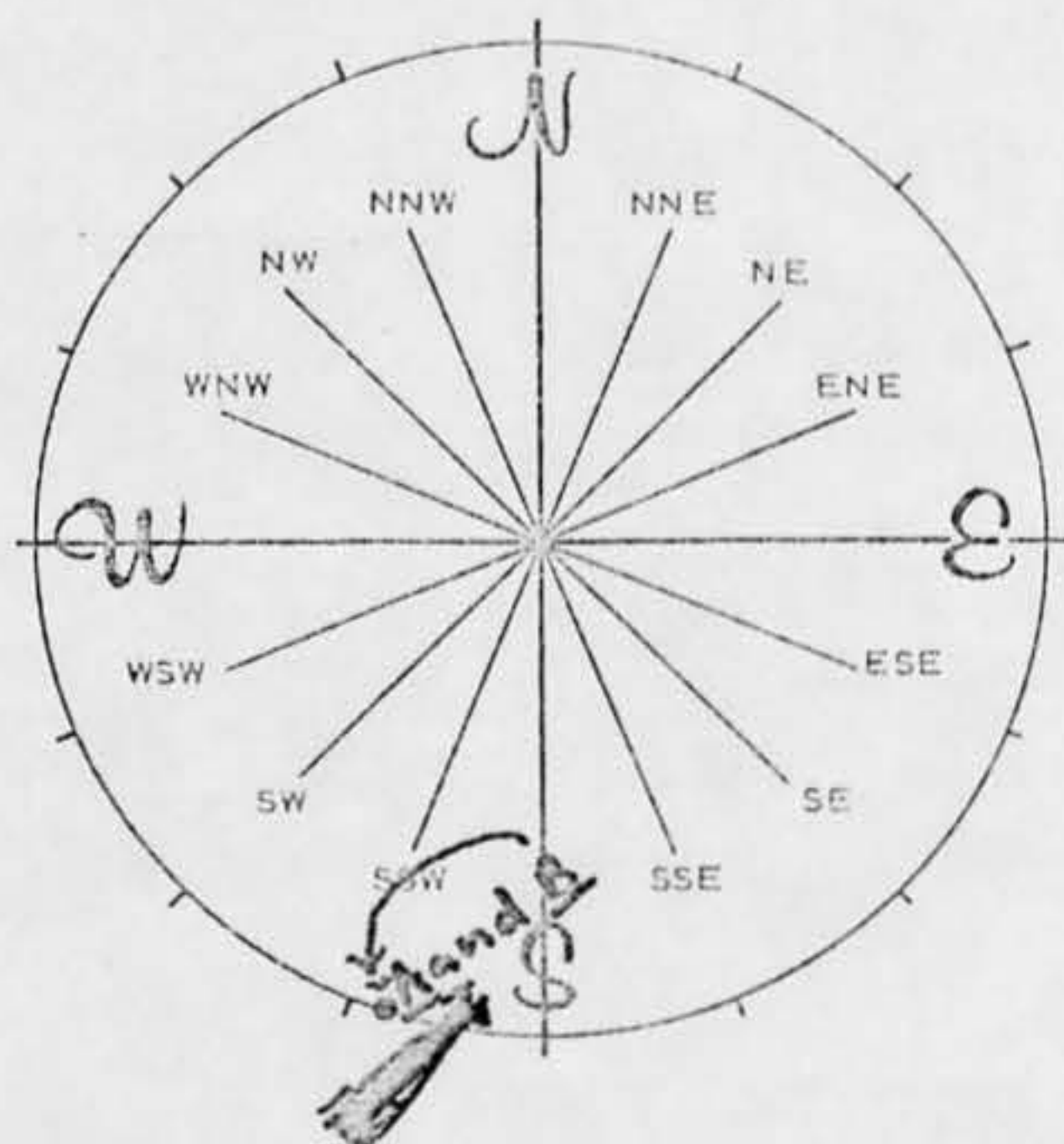
Headquarters U.S. Air Force
SAFOICC, The Pentagon
Washington, D.C. 20330.

Dear Sir:

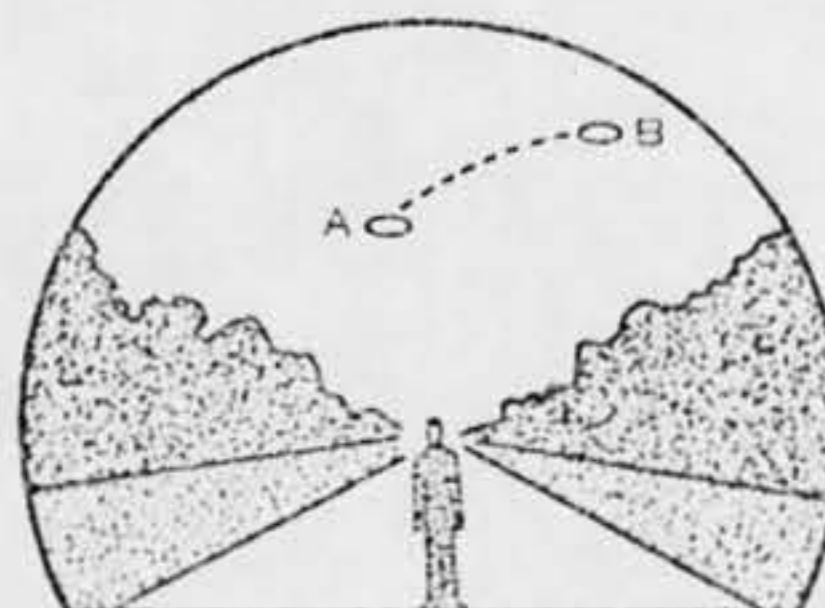
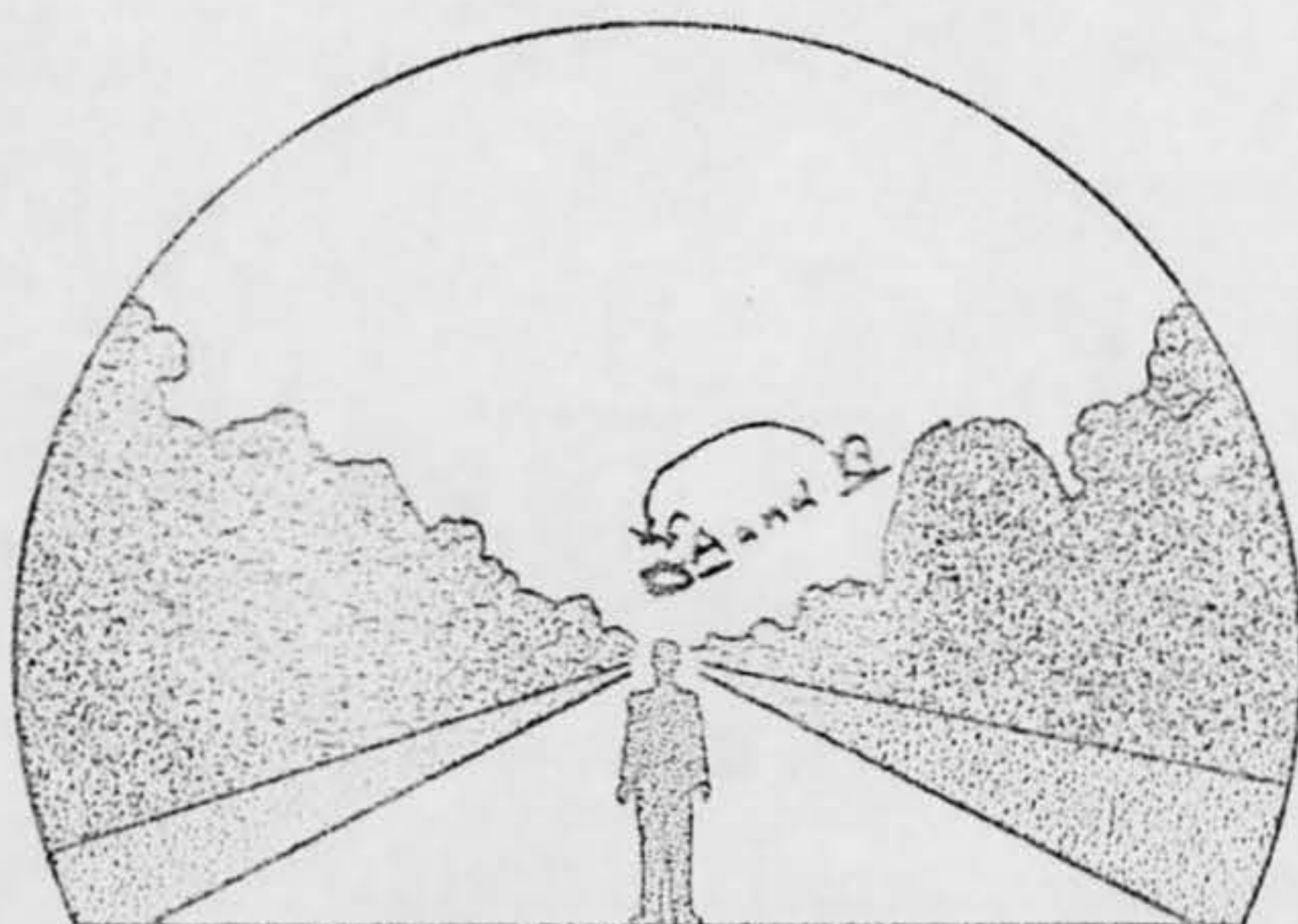
I wish to report a U.F.O. sighted on July 31, 1968 at 9:50 PM over Deweyville, Texas. Its size was similar to Venus'. It gave off a yellowish-white light, and was as bright as a star of the -3 or -4 magnitude. My father and I saw it moving in a south or south-south-east direction. We could not estimate its speed or altitude. We lost sight of it a few minutes later.

Yours truly,
~~_____~~

6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN. AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
OUTDOORS		IN BUSINESS SECTION OF CITY	
IN BUILDING		IN RESIDENTIAL SECTION OF CITY	
IN CAR	<input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER	IN OPEN COUNTRYSIDE	
IN BOAT		NEAR AIRFIELD	
IN AIRPLANE	<input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER	FLYING OVER CITY	
OTHER		FLYING OVER OPEN COUNTRY	
in my house		OTHER	
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
NORTH	EAST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SOUTH	WEST		
NORTHEAST	SOUTHEAST		
NORTHWEST	SOUTHWEST		
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.			
HOW MUCH OTHER TRAFFIC WAS THERE?			
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME		<input checked="" type="checkbox"/> CERTAIN OF TIME	<input type="checkbox"/> NOT VERY SURE
10-12 min min.		<input type="checkbox"/> FAIRLY CERTAIN	<input type="checkbox"/> JUST A GUESS
HOW WAS TIME DETERMINED? clock			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.			

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER			
<input type="checkbox"/>	DAY	<input type="checkbox"/>	CUMULUS CLOUDS (<i>Low fluffy</i>)	<input type="checkbox"/>	FOG OR MIST
<input type="checkbox"/>	TWILIGHT	<input type="checkbox"/>	CIRRUS CLOUDS (<i>High fleecy or Herring-bone</i>)	<input type="checkbox"/>	HEAVY RAIN
<input type="checkbox"/>	NIGHT	<input type="checkbox"/>		LIGHT RAIN OR DRIZZLE	
<input checked="" type="checkbox"/>	CLEAR	<input type="checkbox"/>	NIMBUS CLOUDS (<i>Rain</i>)	<input type="checkbox"/>	HAIL
<input type="checkbox"/>	PARTLY CLOUDY	<input type="checkbox"/>	CUMULONIMBUS CLOUDS (<i>Thunderstorms</i>)	<input type="checkbox"/>	SNOW OR SLEET
<input type="checkbox"/>	COMPLETELY OVERCAST	<input type="checkbox"/>		UNKNOWN	
<input type="checkbox"/>		<input type="checkbox"/>	HAZE OR SMOG	<input checked="" type="checkbox"/>	NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS		(2) MOON			
<input type="checkbox"/>	NONE	<input type="checkbox"/>	BRIGHT MOONLIGHT	<input checked="" type="checkbox"/>	NO MOONLIGHT
<input type="checkbox"/>	A FEW	<input type="checkbox"/>	MOON WITH HALO	<input type="checkbox"/>	UNKNOWN
<input checked="" type="checkbox"/>	MANY	<input type="checkbox"/>	MOON HIDDEN BY CLOUDS	<input type="checkbox"/>	
<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>	PARTIAL (New or quarter)	<input type="checkbox"/>	

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

<input type="checkbox"/>	IN FRONT OF YOU	<input type="checkbox"/>	TO YOUR RIGHT	<input type="checkbox"/>	OVERHEAD (Near noon)
<input type="checkbox"/>	IN BACK OF YOU	<input type="checkbox"/>	TO YOUR LEFT	<input type="checkbox"/>	UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

Street light

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

It was self-luminous, it was solid, it was 8-12' in diameter
I measured its diameter by comparison to the transformer station.

13	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?		✓	
	STAND STILL AT ANYTIME?	✓		
	SUDDENLY SPEED UP AND RUN AWAY?		✓	
	BREAK UP IN PARTS AND EXPLODE?		✓	
	CHANGE COLOR?		✓	
	GIVE OFF SMOKE?		✓	
	CHANGE BRIGHTNESS?		✓	
	CHANGE SHAPE?		✓	
	FLASH OR FLICKER?		✓	
	DISAPPEAR AND REAPPEAR?		✓	
	SPIN LIKE A TOP?		✓	
	MAKE A NOISE?		✓	
	FLUTTER OR WOBBLE?		✓	

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

Its brightness, and shape, and also its color

A. HOW DID IT FINALLY DISAPPEAR?

Unknown

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?
☐ YES ☒ NO. IF "YES," DESCRIBE.

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

$\frac{2}{5}$ of the ~~match~~ ^{UFO} covered the match head

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.			
<input checked="" type="checkbox"/>	EYEGLASSES		CAMERA VIEWER
	SUNGLASSES		BINOCULARS
	WINDSHIELD		TELESCOPE
	SIDE WINDOW OF VEHICLE		THEODOLITE
	WINDOWPANE	<input checked="" type="checkbox"/>	OTHER (window screen)
A. DO YOU ORDINARILY WEAR GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		B. DO YOU USE READING GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>none</u>		19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>400'</u>	
20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.			
<p style="font-size: 1.2em;">I do not know any common object.</p>			
21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.			
A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.			

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," GIVE DATE AND LOCATION.			
23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DID THEY SEE IT TOO? <input type="checkbox"/> YES <input type="checkbox"/> NO.			
A. LIST THEIR NAMES AND ADDRESSES			
24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF			
LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]			
ADD [REDACTED] City, Texas 77611			
TELEPHONE (Area [REDACTED] and number) [REDACTED]		AGE 14	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.			
25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?			
NAME <u>My Family</u>		DAY <u>26</u>	MONTH <u>July</u> YEAR <u>1968</u>
26. DATE YOU COMPLETED THIS QUESTIONNAIRE.			
		DAY <u>12</u>	MONTH <u>August</u> YEAR <u>1968</u>